

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90408 032 ***158.75

DOCUMENT # P94000033275

1. Entity Name
H & C MANAGEMENT, INC.



Principal Place of Business
24789 HWY 27
LAKE WALES, FL 33853 US

Mailing Address
P.O. BOX 1391 PO BOX 5252
WINTER HAVEN, FL 33882 US
LAKE LAND, FL 33807

J4U7J00J



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3241788	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETER A. MCFARLANE, P.A.
500 SOUTH FLORIDA AVE., STE 715
LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAXWELL, LAWRENCE T
STREET ADDRESS	PO BOX 1391
CITY - ST - ZIP	WINTER HAVEN, FL 33882
TITLE	VD
NAME	DROST, WILLIAM D
STREET ADDRESS	PO BOX 1391
CITY - ST - ZIP	WINTER HAVEN, FL 33882
TITLE	ST
NAME	FALK, BENJAMIN D E
STREET ADDRESS	PO BOX 1391
CITY - ST - ZIP	WINTER HAVEN, FL 33882
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Lawrence T. Maxwell

4/30/04 863-647-1581